AA as a Resource for the Health Care Professional

ALCOHOLICS ANONYMOUS® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

• The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.

• A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.

• Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

Mail address: Box 459, Grand Central Station, New York, NY 10163

www.aa.org

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A.A. as a Resource for the Health Care Professional

From the Big Book, *Alcoholics Anonymous*, A.A. Members State:

"We alcoholics are men and women who lost the ability to control our drinking. We know that no real alcoholic *ever* recovers control. All of us felt at times that we were regaining control, but such intervals—usually brief—were inevitably followed by still less control, which led in time to pitiful and incomprehensible demoralization."

Alcoholics Anonymous, p. 30

The explanation that seems to make sense to most A.A. members is that alcoholism is an illness, a progressive illness, which can never be cured but which, like some other diseases, can be arrested. Going one step further, many A.A. members feel that the illness represents a combination of a physical sensitivity to alcohol and a mental obsession with drinking, which, regardless of consequences, cannot be broken by willpower alone.

"Physicians who are familiar with alcoholism agree there is no such thing as making a normal drinker out of an alcoholic." *(ibid,* p. 31)*

**The definition of alcoholism as defined by the American Society of Addiction Medicine and the National Council on Alcoholism and Drug Dependence: "Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic." (1992)

The Alcoholic's Resistance to Help Can be Frustrating

Since denial of the problem is symptomatic of alcoholism, alcoholics tend to be evasive when questioned about their drinking, and some health care professionals may not recognize that alcoholism may be contributing to their symptoms. Most alcoholics will resist any suggestion that alcoholism is involved and may be equally resistant to the suggestion of Alcoholics Anonymous as a last recourse.

Few health care professionals have had the experience of having their diagnosis rejected. Few have been told, "I certainly am not a diabetic." Yet when the health care professional makes a diagnosis of alcoholism, an alcoholic will often respond, "I don't drink that much," or may say, "I'm not that bad," or will offer excuses for his or her drinking. Health care professionals can expect and anticipate this.

Rationalization and denial are part of the alcoholic's illness. Initial rejection of A.A. is part of the denial mechanism.

A.A. members, having broken through their denial and faced the harm in their drinking, are particularly suited to helping others break through their denial.

Some Common Objections to A.A.

"It's too religious."

In fact, A.A. is not a religious program, but a spiritual fellowship. It refers to a "Higher Power" and "God *as we understand Him*," but no belief in God is necessary; atheists and agnostics find plenty of company in A.A.

As stated in the A.A. Preamble (which appears on the inside cover of this brochure): "A.A. is not allied with any sect, denomination, politics, organization or institution; . . ."

"I don't want to stand up and bare my soul in front of a lot of other people."

Only those who wish to do so speak at A.A. meetings.

"I don't want to meet with a lot of losers. It's too depressing."

A.A. more accurately represents a cross-section of "winners," in the sense that they have survived the disease. Those who go to enough meetings are sure to find people with whom they can identify.

"I can't stand the smoking."

There are nonsmoking meetings available. Check the local meeting book for them or contact the local A.A. central office which is listed in your telephone directory.

"I can't go there. All those people are sober and I'm not. I'd be too ashamed."

The only requirement for membership is a *desire* to stop drinking. Members who are still drinking are encouraged to "keep coming back." Anybody who has a desire to stop drinking will be genuinely welcomed at an A.A. meeting. Sober alcoholics are not going to sit in judgment of someone who cannot stop drinking, since not being able to stop drinking is what brought them to A.A.

"I don't want everyone to know about my drinking."

Anonymity is and always has been the basis of the A.A. program. Traditionally, A.A. members never disclose their association with the movement in print, on the air, or through any other public medium. And no one has the right to break the anonymity of another member anywhere.

What Some Health Care Professionals Have Learned; How They Apply that Knowledge

Many health care professionals have found effective ways to refer people to A.A. One said:

"No one suffers more than the alcoholic. When you once touch the life of an alcoholic and help him or her to recover, when you observe this incredible change from a suffering, helpless, sick (and dying) person to one who is alive, vital, functioning, and happy, you will be part of a rich, rewarding, and profound experience. A.A. is the most effective means of helping an alcoholic to stop drinking."

Another physician suggests health care professionals should attend open A.A. meetings, as it is extremely difficult to feel confident in referring someone to an organization about which the health care professional has little information. This health care professional finds it helpful to have a list of A.A. contacts available to take people to their first meeting. She suggests specific inquiries as to which meetings have been attended, how frequently, and whether the client has obtained an A.A. sponsor to serve as a link to the Fellowship and help

the client work a program of recovery. Whether the alcoholic is suffering from a diseased liver or an emotional depression, getting him or her sober is the first step toward recovery. Wherever he or she lives, there is sure to be an A.A. meeting nearby for help in maintaining sobriety.

A.A. and Alcoholism

From the beginning, A.A. members have regarded alcoholism as an illness. Alcoholics cannot control their drinking because they are ill in their bodies and in their minds (or emotions). Most A.A. members have found that spiritual deficiencies also characterize their illness.

Members of A.A. also have found that effective recovery can only begin with a "self-diagnosis"; that is, with a recognition by the alcoholic of A.A.'s First Step: "We admitted we were powerless over alcohol — that our lives had become unmanageable."

A.A. members also have found that recovery involves abstinence from alcohol, and that abstinence on a long-term basis requires fundamental changes in relationships with oneself, with others, and with some power greater than oneself. That is because it is the experience of Alcoholics Anonymous members that an alcoholic can never safely drink again.

A.A. members believe that once an alcoholic, always an alcoholic, *i.e.,* that no matter how long a person is abstinent, if that person drinks again, the individual will

have the same disastrous response to alcohol that characterized the preabstinence drinking. Thus, A.A. does not offer a cure, but, rather, a continuing process of recovery through the simple principle of not drinking one day at a time.

Researchers, health care professionals and others concerned with alcoholism have a legitimate and natural concern with identifying the causes of alcoholism. For the program of Alcoholics Anonymous, causes are not only considered irrelevant but also as possibly distracting from undertaking the straightforward abstinence and recovery program.

Attending the First A.A. Meeting

When health care professionals recommend A.A., neither they nor the alcoholic should base their opinion of the effectiveness of A.A. on one or two meetings, but should give A.A. a fair trial. Important in this process is obtaining a sponsor, even on a temporary basis. Having someone attend his or her first A.A. meeting with a member is desirable, though not a must. Most newcomers have many questions. The sponsor can answer these and reassure the newcomer that others have experienced the same reluctance and fear in taking a first step toward recovery. Sharing experience as peers is the unique service Alcoholics Anonymous offers. In most instances, health care professionals find A.A. members not only willing but eager to introduce newcomers to the A.A. program.

The health care professional who works closely with Alcoholics Anonymous in his or her community is in a key position to provide leadership, education and support in an area which will pay great dividends in the quality of care and rates of recovery of alcoholics. We invite health care professionals to visit an open meeting and see what A.A. offers the alcoholic.

Singleness of Purpose and Problems Other Than Alcoholism

Some professionals refer to alcoholism and drug addition as "substance abuse" or "chemical dependency." Nonalcoholics are, therefore, sometimes introduced to A.A. and encouraged to attend A.A. meetings. Anyone may attend *open* A.A. meetings, but only those with a *drinking* problem may attend *closed* meetings.

How to Contact A.A.

A.A. is listed in most telephone directories or local newspapers, and a phone call is all that is needed for help. Some health care professionals ask the person they are referring to dial the local A.A. number while still in the office, thus offering an immediate opportunity to reach out for help. Some simply include A.A. in their treatment plan.

Members of A.A.'s local Cooperation With the Professional Community Committee can be a helpful resource for members of the health care community. Members of A.A.'s local Treatment Facilities Committee can also be helpful if you have a client in a treatment facility.

Many local A.A. service committees will, upon request, provide informational presentations for your organization. Sessions can be tailored to meet your needs. A typical agenda might include one of several A.A. films and a presentation by one or more A.A. members on "What A.A. Is and What It Is Not."

Please check your local telephone directory or newspaper for the number of Alcoholics Anonymous.

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God *as we understood Him.*

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him,* praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A.A. unity.

2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3. The only requirement for A.A. membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.

6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

7. Every A.A. group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

Many health care professionals have found the following pamphlets and videos helpful in introducing clients to A.A.

Pamphlets

This Is A.A. *(An introduction to the A.A. recovery program.)*

Frequently Asked Questions About A.A. *(Answers to specific questions about A.A.)*

Is A.A. for Me? *(Twelve illustrated questions to help break denial; easy-to-read format.)*

Is A.A. for You? *(Twelve questions to help break denial.)*

A.A. for the Woman *(Eight women's stories and information about A.A.)*

Too Young? *(Illustrated stories of six teenagers; twelve questions to help break denial.)*

A Newcomer Asks *(Fifteen questions and answers to help newcomers.)*

A.A. for the Older Alcoholic—Never Too Late *(Eight stories of A.A. members who came to A.A. when they were over sixty.)*

Do You Think You're Different? *(Fourteen stories of very different A.A. members who are now "special" together.)*

The A.A. Member—Medications and Other Drugs *(A.A. members' experience with medications and other drugs.)*

Where Do I Go from Here? *(For people leaving treatment and corrections facilities; tells of continuing help offered by "outside" A.A.)*

A Brief Guide to Alcoholics Anonymous *(Offers general information about A.A. and explains the program in simple language.)*

A.A. and the Gay/Lesbian Alcoholic *(Sober gay and lesbian alcoholics share their experience, strength and hope.)*

A.A. for the Black and African American Alcoholic *(Black/African Americans share their stories)*.

Videos

Hope: Alcoholics Anonymous *(What A.A. is and isn't, its primary purpose, sponsorship, a home group, the Steps and Traditions and basic recovery tools. Closed-captioned for the hearing impaired; 15 minutes.)*

A.A. Videos for Young People *(A.A. members who got sober in their teens and early twenties relate their experiences in A.A.)*

It Sure Beats Sitting in a Cell *(Filmed inside correctional facilities in the U.S. and Canada, tells the story of four young A.A.s who were in prison as a result of drinking, yet today are sober in A.A.; 17 minutes.)*

Alcoholics Anonymous—An Inside View *(Depicts alcoholics, recovering in A.A., going on about their daily lives, attending A.A. meetings and other gatherings; 28 minutes.)*

A catalog and order form of A.A. Conference-approved literature, videos and other material are available from the General Service Office of Alcoholics Anonymous, Box 459, Grand Central Station, New York, NY 10163

This is A.A. General Service
Conference-approved literature